MARGIN RESERVED FOR BINDIN

1. PLACE OF DEATH	(15-a)
County Calvert	Registration Dist. No.
Village or City Irmer frederick	NoSt.,
Length of residence in city or town where death occurred	(If death occurred in a horpital or institution, give its NAME instead of street and osds. How long in U.S. if of foreign birth?
	O4 Wood
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED write tha word)	21. DATE OF DEATH
5a. tf merriad, widowad, or divorced HUSBAND of (or) WtFE of	22. IHEREBY CERTIFY hat Lettended
6 DATE OF BIPTH (month day and was) 1912 Car 16	192 9 192 10
e. DATE OF BIRTH (MONTH, day, and year) / /	I last saw harmeliva on 191
2 20 and 1 1dayhrs	to have occurred on the date stated above, at O P m. The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFER, atc.	Uncert capua
9. Industry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, atc.	
SAW MILL, BANK, atc	
1,10	Other Contributory Capes of importance:
12. BIRTHPLACE (city or town) (State or country)	Junean
13. NAME Lee Chang	
14. BIRTHPLACE (city or town) 1 1 1 1	Name of operation
4. BIRTHPLACE (city or town) 100 (Stete or country)	What tast confirmed diagnosis? Was there en a
15. MAIOEN NAME Illian Hogge	23. If death was due to axtarnal causes (VIOLENCE) fill In also the following
15. MAIOEN NAME Island forge 16. BIRTHPLACE (city or town) (State or country)	Accidant, sulcida, or homicide? Date of Injury
(State or country)	Where did injury occur?
17. INFORMANT / Un Cochiano	(Specify city or town, county end State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PL
18. BURIAL, CREMATION, QR. BEMOVAL	Manner of injury
Place Mh Armong Oate 1/18 132	Nature of injury
19. UNOERTAKER Harry Halofins	24. Was disaase or injury in any way related to occupation of decaased?
Dela in an om Itil	(Signed)
20, FILED/ 11, 19 0 - 11, 11 mg	(Address) Alexanor Alexanor

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal eause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	11-11
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street ear July 5,1927 Peritonitis Other contributory causes of importance:

S. No. 1

m,

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis -	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OCT 6 1982			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	Control of the Contro
UNFADING INK-THIS IS A PERMA	supplied. AGE should be stated EXA	n terms, so that it may be properly clas	TION is very important. See instructions on back of certificate.
N. B.—WRITE PLAINLY, WITH	mation should be carefully	CAUSE OF DEATH in plai	TION is very important. S

STATE OF MARYLAND—	CERTIFICATE OF DEATH (19718
1. PLACE OF DEATH	92-0
County Calvert	Registration Dist. No. 50
Village or City Dowell's	No. St Ward
(If Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsds.
2. FULL NAME John Cook	yrsmos,os.
10 11	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH September 16 198 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Forus Cook	22. 6 HEREBY CERTIEY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Nurs. 10, 1871	l lest saw h. L. M. alive on 5/12 19.32 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
61. 6 7 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, Source ROUNGERS PROKESPER ATT.	Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which	6
9. Industry or business in which work was done, as SILK MILL, Bruch yord	Oudocardilles - 1920
10. Dato deceased last worked at this occupation (month and year)	milial insufficiency
12. BIRTHPLACE (city or town) Monyloud (State or country)	Other Contributory Causes of Importence:
13. NAME Trederich Cook	
13. NAME Triderch Cook 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME Lavale Stilling	What test confirmed diagnosis? Was there an eulopsy? Y-Q
	23. If death was due to external causes (VIOLENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide?
17. INFORMANT Foruse Cook, (Address) Nowello med,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place 1 Date 1, 19.5.2	Manner of injury
19. UNDERTAKER Edw. Strengleren	24. Was disease or injury in any way related to occupation of deceased? No If so, specify
20. FILED 7 , 19.32 NV & S. Costor- Registrar.	(Signed) Q D COSCO M. D. (Address) Solomons. Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3-days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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No.
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1. PLACE OF DEATH	OF MARTLAND	-CERTIFICATE OF DEATH (197	719
County Calvers		Registration Dist. No. 5	U
Village or City Salar		No. St., If death occurred in a horpital or institution, give its NAME instead of street and os. ds. How long In U.S. If of foreign birth? yrs. m	
2. FULL NAME Winn (a) Residence: No.	il Augustus	Deau St. Ward.	050
	(Usual place of abode)	If nonresident give city or town and	l State
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 21. DATE OF DEATH September 25	. 198 52
5a. If married, widowad, or divorced HUSBAND of	1 organics	(Month) (Day)	(Year)
(or) WIFE of		22. I HEREBY CERTIFY, That I atlended	deceesed from
6. DATE OF BIRTH (month, day, and year)	Feht. 25-32	I lest saw h alive on, 19	
7. AGE Yaars Months	Days If LESS than 1 day,hrs	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	Date of onse
8. Trede, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	11. Total time (yaars) spont in this occupation	Stillbory-	
12. BIRTHPLACE (city or town)	ryland	Other Coutributory Causes of Importance:	*
13. NAME Edwin D	alley Dean		-
14. BIRTHPLACE (city or town) (Stete or country)	enford	Name of operation Date of What test confirmed diegnosis? Was there are Date of	
15. MAIDEN NAME Rhoda 16. BIRTHPLACE (city or town) (State or country)	ernon Gravers	23. If daath was due to axternat ceuses (VIOLENCE) fill in also the following Accidant, suicide, or homicide? Date of injury Where disinjury occur?	g: •
17. INFORMANT & Dudle (Addrass) Slamo	y Deser	(Specify city or town, county and States Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION OR REMOVAL Place	o Date 9/26 ,1937	Manner of injury	
19. UNDERTAKER & E. (Addiess) Locarri	Derformed.	24. Was disease or Injury in any way related to occupation of dacaased?	
20. FILED 9/26, 1932	Dote States. Registrar.	(Signed) 6 S. LOSUR 9	f
If me	ore blanks are needed, address State Registrat	2417 N. Charles Street Baltimore Paguething 71 S. No.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	111111111111111111111111111111111111111	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Salvery	Registration Dist No.
Village or City Irnice Fudunth	No. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	2/ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME lakent Nod	son
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) 193 2 (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
C DATE OF RIOTH () 4 1914	cuz 20,19 370 Seff 1/19 32
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 2 9 m.
/8 8 /2 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, Labour SAWYER, BOOKKEEPER, etc.	were as follows: Oate of onset
Industry or business in which work was done, as SILK MILL,	Typhred Duer aug 28
SAW MILL, BANK, etc	
m	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	Myocardetis +
13. NAME Frank Rodson 14. BIRTHPLACE (city or town) (State or country)	
4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Daisy Fusky 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT Staapf. record. (Address)	(Specify city or town, county and Stale) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Place 18. Date 9/22 19. 32	Manner of Injury
19. UNDERTAKER 6.6. Deton (Address) Solomono Ind.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 7/21 , 1932 DY ESCOLE Registrar.	(Signed) Misser M. D. (Address) Misser Frederick

CEDTICIOATE OF DEATH

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.	8		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDIN

MARGIN RESERVED

1. PLACE OF DEATH County Calnut		Registration Dist. No. 52
Village or City & Julian		NoSt.,Ward
2. FULL NAME Neslay (a) Residence: No.	(Usual place of abode)	sds. How long in U.S. if of foreign birth?yrsmosdsSt.,WardIf nonresident give city or town and State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months	Deys If LESS then 1 day,	1 HEREBY CERTIFY. Thet lettended deceased from 192 to 193 to 193 to 193 to 193 to heve occurred on the dete stated ebove, et 42 m. The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or perticular kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc	11. Total time (years) spant in this occupation	were ex follows. Date of once
12. BIRTHPLACE (city or town) - Just - (State or country)		Other Contributory Causes of Importance:
13. NAME VISLEY 14. BIRTHPLACE (city of town) (State or country)	*)	Neme of operation Date of What test confirmed diagnosis? Was there an eulopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT	Jenes Lymp	23. If death wes due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(Address) 18. BURIAL, CREMATION OR REMOVAL Place Advances	Dete Sep 15. 193	Manner of injury
19. UNDERTAKER Robert C (Address)	hambers	24. Wes diseese or Injury In eny wey releted to occupation of deceased?

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
The second of th	81, 11			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

mil	MARGIN RESERVED FOR BINDIN	-WRITE PHAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	0.1	-WRITHE PI	mation shou	CAUSE OF	TION is ver

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09722
1. PLACE OF DEATH	(119)
County Calvor	Registration Dist. No.
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town whare daath occurradyrs,mos.	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME William Dre	<u>4</u>
(a) Residence: No. appeal. Mel	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH \$ 23 1993 2
5a. If marriad, widowad, or divorcad HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. HEREBY CERTIFY, Thet i attanded daceesed from
1. 24 -1937.	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	i lest saw h aliva on, f9; daath is said
A. AGE Todas Monthly Days IT LESS than f day,hrs.	to have occurred on the date stated above, at 1.2. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Ormin,	wera as follows:
8. Trade, profassion, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc.	
SAWYER, BOOKKEEPER, atc	
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, at L.	Planting suffering alle Alle
A.O. Date daceased last worked at f1. Total time (years)	JANA TO THE TOTAL OF THE TOTAL
this occupation (month and spant in this occupation	mulino 1/200g
12. BIRTHPLACE (city or town) manylaced	Other Coutributory Causes of Importance: (attention
(State or country)	eluo d
13. NAME Charles Grey	
14. BIRTHPLACE (city or town). Many beed	Name of operation Date of
(Stata or country)	Name of operation Data of What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Juenette Gross	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Dete of injury
(State or country)	Whare di≱ Injury occur?
17. INFORMANT Roso Johnson (Address) almose - Tud.	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place Fusly 1 Ma Data 1/25,1937	Nature of injury
19. UNDERTAKER Walter Bross (Addrass) appeal md.	24. Was disease or injury In any way ralated to occupation of daceased?
20. FILED 1/24 , 19.32 DES (STITE - Registrar.	(Signad) (C. Solomon, M. D. (Address) Solomon, M. D.
The man block and all the Control of	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.	0		
Other contributory causes of importance:	LJ	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

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001 9 1032			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

See instructions on back of certificate.

AGE should be

PLAINLY, WITH UNFADING INK-THIS

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

B.—WRITE

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County - Calmert	Registration Dist, No. 31
Village or City Willows	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where dealy occurredwrsmos,	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Tist ah IV	endent
(a) Residence: No. Two and (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGE (arrite the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Marguret Nerher)	22. I HEREBY CERTIFY, That Lattended deceased from
6. DATE OF BIRTH (month, dey, and year) Coro. 7, 1885	I last saw h in alive on WPT 4.19 3; Teath is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at 1/2 midaylf,
7/ ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Adustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10-Date deceased last worked et this occupation (month and	My Time 2
work was done, es SILK MILL, SAW MILL, BANK, etc	mur
O Date deceased last worked et this occupation (month and year) year) oc:	
ma	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
I 13. NAME um / Leadens	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where dld Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18 RUPLAL CREMATION OF REMOVAL	Manner of injury
Place Mr. Nape Date /7 ,1937	Nature of injury
19. UNDERTAKER M. J. Sever	24. Was disease or Injury in any may related to occupation of deceased?
(Address) Dares, Hed.	If so, specify
20 FILED 9/6 4932 Q. M. Ving	(Signed) M. D.
Regimar,	(Address) / Yew /wedw/(

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Registrar.

(Day)

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RUREAU V. S.			
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(00)	em of infor-	should state	f OCCUPA-	
M	T RECORD. Every it	Y. PHYSICIANS	Exact statement o	
FOR BINDIN	IS A PERMANEN	stated EXACTL	properly classified.	certificate.
MARGIN RESERVED FOR BINDIN	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINLY, W	mation should be carefu	CAUSE OF DEATH in	TION is very important

	County	Calvert				Registration Dist. No	52
						No.	St Ward
	Village Di V	myQuita s	. Much 73		(lf	No. death occurred in a hospital or institution, give its NAME instead of str	eet and number)
	Length of ras	idence in city or to	wn where de	eth occurred	yrsmos	ds. How long In U.S. If of foreign birth?yrs	ds
2	. FULL NA	ME St	illbor	n Johnson	on		
	(a) Resider	nce: No				St., Ward.	
	PEDSON	NAL AND ST	FATISTIC	(Usual place		If nonresident give city or to	
3 5	EX	4. COLOR OR			RIED, WIDOWED,	21. DATE OF DEATH	NIH.
	Male	colore		OR DIVORCE	D (write the word)	September 5 (Month) (Day)	, 1932 (Year)
5a.	If married, widov HUSBAND of	ved, or divorced				22. I HEREBY CERTIFY, That I a	tended deceased from
_	(or) WIFE of					, 19, to	
6. 1	ATE OF BIRTH	(month, day, and y	ear) Sen	tember 5	1932	I last saw h alive on, 1	
			Months	Days	If LESS than I dey,hrs. ormin.	to have occurred on the date stated ebova, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importan were as follows:	
-	8. Trede, profe	ssion, or perticula	r		1 01	nete as follows.	Date of onset
LION		ssion, or perticula work done, as SPI , BDDKKEEPER, et					
PA	work we	business in which is done, as SILK M	ILL.			Stillborn	
CCUPA		LL, BANK, etc sed last worked at		11. Total ti	ime (years)		
0	this occu	pation (month end		spei	nt In this upation		
	DIDTING LOD (Ė.			Other Contributory Causes of Importanca:	
12.	State or cou		Mar	yland.			
ER	13. NAME	Walt	er Joh	nson			
FATHER	14. BIRTHPLAC	E (city or town)	26	2 - 2		Nama of operationD	te of
- 1		r country)	Mei	yland.		What test confirmed diagnosis? Was th	
HE.	15. MAIDEN NA	ME Edne	Emers	on		23. If death was due to external causes (VIDLENCE) fill in also the 1	
MOTHER		E (city or town)	130			Accident, suicide, or homicida? Date of Injury	
Σ	(State o	r country)	Mary	land.		Where did injury occur?(Specify city or town, county Specify whether injury occurred in INDUSTRY. In HOME, or in PUE	and State)
17.	INFORMANT (Address)	Rober	nde	Grand		Specify whether injury occurred In INDUSTRY, In HOME, or In PUE	LIC PLACE.
18.	Place 222	TIDN, OR REMOVA	Jae	Date Sejo	+5,1932	Manner of injury	*
	UNDERTAKER	Will	En	nerso	7-	24. Was diseesa or injury in any way related to occupation of decea	sed?
19.	(Address)			- LAVI	CI.	II out absort	Reg.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones 181	May 1,1923	Gastroenteritis	1 year
ORD 1935	75		

MARGIN RESERVED FOR BINDIN

V. S. No. 1

1. PLACE OF DEATH

Length of residence In city or town where death occurred

PERSONAL AND STATISTICAL PARTICULARS

County__

2. FULL NAME

3. SEX

(a) Residence: No.

Village or City_

many france	(Month) (Day)	(Year
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Aumia Mussell	22. I HEREBY CERTIFY. That I attended do	eceased
6. DATE OF BIRTH (month, day, and year) Lept ? 1873	11 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	19
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the dete stated above, al. /m.	
Ormin,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	7.7.	
Industry or business in which work was done, es SILK MILL, On own arm	Chimia	4
To Date deceased last worked et this occupation (month and year)		
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:	
(State or county)	Cyteria seleranes.	7
13. NAME Joshua Macle	Chronic intent. reptule	
14. BIRTHPLACE (city or town)	Name of operation not any Dete of	
15. MAIDEN NAME	What test confirmed diagnosis? Wes there an au	
	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?	, 13
17. INFORMANT Namaed Manell (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	CE.
18. BURIAL, CREMATION OR REMOVAD	Manner of Injury	
Place 1 27, 193	Nature of Injury	
19. UNDERTAKER Dervelle	24. Was disease or injury in any way releted to occupation of deceased?	
(Address) Dares ma	If so, specify	
20. FILED Def 127, 1932 & M. Sting	(Signed) Mass	cy
Registrar.	(Address)	1

(Usual place of abode)

5. SINGLE, MARRIED, WIDOWED,

STATE OF MARYLAND-CERTIFICATE OF DEATH

Registration Dist. No.

How long in U. S. if of foreign birth? ______ yrs. ____ mos. ____ ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

MEDICAL CERTIFICATE OF DEATH

Ward

21. DATE OF DEATH

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Gallstones	May 1,1923	Gastroenteritis	1 year

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH,		183
County Calve	N	Registration Dist. No.
Village or City Solor		No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. How long in U. S. if of foreign birth? yrs. mos. ds.
2. FULL NAME JOHN (a) Residence: No. 4 of	v William	St. Ward.
(a) Residence: No.	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH September 5 1962 2 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attanded decaased from
6. OATE OF BIRTH (month, day, and year)	Jau 5 1872	I last saw h. 2 aliva on Sept. 5, 1932; death Is said
7. AGE Years Months	Oays tf LESS than I day,hrs. ormin.	to have occurred on the date stated above, at A
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc Do Data daceased last worked at this occupation (month and year)	11. Total time (years) Less spant in this occupation	Accidental Growning 13/32
12. BIRTHPLACE (city or town) M (State or country)	anyland	Other Contributory Causes of importance: Capt Robinson Lell post the bow of his base at night while the boat (a Caroline cano
13. NAME OLIC OLIVER 14. BIRTHPLACE (city or town)	narrhand	Nama of operation Date of
(State of country)	Stafford -	What tast confirmed diagnosis? Was there an au'opsy? 23. if death was due to externat causes (VIOLENCE) fill to also the following:
15. MAIOEN NAME Sucaus 16. BIRTHPLACE (city or town) - M (State or country)	angland	Accident, suicida, or homicide?
17. INFORMANT alberr (A (Address)	oblinon.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL	20 Data Sept. 6, 1932	Manner of injury
19. UNOERTAKER Ellsoff (Address)	witon.	24. Was diseasa or Injury In any way related to occupation of deceased?
20, FILED 9/6 , 19 3 2	Dresporter.	(Signed) 6 S. Coster M. D.
	Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUBEAU	7 8.1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state IT RECORD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEA TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be

FOR BINDI

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH	OI WARTLAND	CERTIFICATE OF DEATH	09729
County	alvent	Registration Dist. No.	50
Village or City	nutual	No	St., Ward
Langth of residence in city or town whare	e death occurredyrsmos	ds. How long In U.S. if of foraign birth?yrs	mosds
2. FULL NAME Deb	lora wh	te	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or	town and State
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DE	
SEX 7, 4. COLOR OR RASE	5. SINGLE, MARRIED, WIDOWED, OR DIVERCED (write the word)	21. DATE OF DEATH (Month) (Day)	3 2 193 2 (Year)
a. If marriad, widowed, or divorcad		22. PI HEREBY CERTIFY, That I,	
(or) WIFE of	id White	Supt 25, 19 32, to	p/25/1
DATE OF BIRTH (month, day, and year)	Dec 22, 1896	I last saw h_ 12 aliva on Supt 25	, 19 2; death Is sai
. AGE Years Months	Days If LESS than	to have occurred on the data stated above, at	
36 9	3 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of imports were as follows:	Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Sometic	2	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. bate deceased last worked at	at have	apoplery	9/2.
this occupation (month and	11. Total time (years) spent in this		
year)	occupation	Other Contributory Causes of importance:	
(State or country)			,
13. NAME 14. BIRTHPLACE (city or town)	luce		
14. BIRTHPLACE (city or town)	ml	Name of operation	Date of
(State of country)	1104.	What test confirmed diagnosis? Was	thare an autopsy?
15. MAIDEN NAME MO	loy sunous	23. If death was due to extarnal causes (VIOLENCE) fill in also the	following:
16. BIRTHPLACE (city or town)	Mod	Accident, suicide, or homicide? Date of injur	y, 19
(Stata or country)	18.15. 2 ×	Where did injury occur?(Specify city or town, count Specify whether Injury occurred in INDUSTRY, in HOME, or in P	
7. INFORMANT (Address)	mulual	Specify whether injury occurred in thousant, in nome, or in re-	DELIC PLACE.
8. BURIAL, CHATATION OR REMOVAL	9/26 19P:	Manner of Injury	
9. UNDERTAKER	Lively	24. Was diseasa or Injury In any way related to occupation of dec	eesed?
(Address)	0100	If so, specify	111
	WIN IS	(Signed)	AI AI

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Gallstones	May 1,1923	Gastroenteritis	1 year
72			que